

Department of Taxation and Finance

IT-639-ATT

Eligible Employee Information for the Minimum Wage Reimbursement Credit

Attachment to Form IT-639

Submit this form with Form IT-639 if you have more employees to report in Schedule A, Part 1 or Part 2 of that form. See Form IT-639-I, *Instructions for Forms IT-639 and IT-639-ATT,* Schedule A, Parts 1 and 2, for assistance.

Name(s) as shown on return	Identif	Identifying number as shown on return					
Business name			Emplo	oyer identification number (E	nber (EIN)		
Part 1 – Credit for hours State (NYS) mini	worked when the fede mum wage (submit addi	ral minimum wa tional Form(s) IT-63	ge does not excee 39-ATT, if necessary)	d 85% of the New \	York		
A Total number of employees li	isted on this page						
A Name of eligible employee		B Employee work location	C Social security number of eligible employee	D Hours worked at the NYS minimum wage rate			
First name	Last name	ZIP code (first 5 digits only)					
			T				
1 Total number of hours listed	on this page (add column D; in	clude this total on Form	IT-639, line 2)	1			

Part 2 – Credit for hours worked when the federal minimum wage exceeds 85% of the NYS minimum wage (submit additional Form(s) IT-639-ATT, if necessary)

A Name of eligible employee (First initial, last name)	B Employee work location ZIP code (first 5 digits only)	C Social security number of eligible employee	D Hours worked at the NYS minimum wage rate		E NYS minimum hourly wage rate		F Federal minimum hourly wage rate		G Subtract column F from column E (see instr.)		H Credit amount (column D × column G	<i>3)</i>
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												+
												+
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												+
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												+
												$\frac{1}{1}$

